

CITY OF CARNATION UTILITIES DEPARTMENT LEAK CREDIT REQUEST FORM

ACCOUNT#	DATE
SERVICE ADDRESS:	
CUSTOMER NAME: LAST	FIRST
PHONE NUMBER:	
verified to be leaking as a result of accidental result of abuse or willful neglect, a billing as submitted on form provided by the city. The together with the application. B. An adjustment can only be applied to o C. In a twelve month period, a leak adjust above the base rate plus an average over 12 most twelve-month period, then a second leak adjust maximum of two leakage adjustments for a speriod. D. The customer shall be required to pay fraction thereof. E. If an adjustment is approved by the	caused by a broken or leaking private water line and is damage or natural deterioration of the same, and not as a djustment may be made upon approval of an application applicant must submit a copy of all relevant repair bills one billing period, for one month at any one time. It is stiment will be granted at 100 percent of the excess usage in this for usage. If a second separate leak occurs in the same ment will be granted at 50 percent of the excess usage. A erved premises will be granted during any twelve month the base rate plus an average over 12 months for usage, or city, the customer's account shall be adjusted only after the repairs have been made. All repairs shall occur within 30
I have read and accepted the term Municipal Code 13.88.070 as shown above	as of leak credit issuance as stipulated in Carnation re.
SIGNATURE:	
□ COPY OF RELEVANT	REPAIR BILLS ATTACHED